

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of YumaDistrict of Yuma

Town of _____

or

City of YumaBUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 701

County Registrar No. _____

Local Registrar No. 92No. 127-8th Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Isabelle Hartley

Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of birth
		5. No., in order of birth	<u>Yes</u>	<u>4-24-1925</u> Month day year

8. FATHER Full name <u>Bennie Hartley</u>		14. MOTHER Full maiden name <u>Maria Carbajal</u>	
9. Residence (Usual place of abode) If nonresident, give place and state <u>Yuma, Ariz.</u>		15. Residence (Usual place of abode) If nonresident, give place and state <u>Yuma, Ariz.</u>	
10. Color or race <u>Sp. Amer.</u>	11. Age at last birthday <u>31</u> (Years)	16. Color or race <u>Sp. Amer.</u>	17. Age at last birthday <u>34</u> (Years)
12. Birthplace (city or place) (State or country) <u>Yuma Arizona</u>		18. Birthplace (city or place) (State or country) <u>Yuma Arizona</u>	
13. Occupation Nature of industry <u>Butcher</u>		19. Occupation Nature of industry <u>Housewife</u>	

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>6</u> (b) Born alive but now dead (c) Stillborn	21. Were precautions taken against oph- thalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3:00 a.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from supplemental report _____
Month, day, year.

Signature Hilary D. Klatenski M.D.
(Physician or midwife)
Address Yuma, Arizona
Filed April 29 1925 Mary D. Klatenski
Local Registrar.
County Registrar.

Registrar.

Filed

15

County Registrar.

988-45, 4-432

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child, a separate return must be made for each, and the number of each, in order of birth, stated.